

Units May use their own Patch or no patch on the leaders book. This leaders book is an example only- leaders books may be in any format as long as they include, at a minimum, all of the information listed on the last page of this example.



\_\_\_\_**SQUAD/SECTION**  
\_\_\_\_**PLATOON**  
\_\_\_\_**COMPANY**

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**Leader Name**



## DAILY PERSONNEL STATUS

DATE: \_\_\_\_\_

<u>RANK</u>	<u>NAME</u>	<u>STATUS</u>
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NCO'S \_\_\_\_\_ ENLISTED \_\_\_\_\_ TOTAL NUMBER AUTHORIZED \_\_\_\_\_

NCO'S \_\_\_\_\_ ENLISTED \_\_\_\_\_ TOTAL NUMBER ASSIGNED \_\_\_\_\_

LEAVE \_\_\_\_\_ PASS \_\_\_\_\_ APPT. \_\_\_\_\_ TDY \_\_\_\_\_ SCHOOL \_\_\_\_\_

SD \_\_\_\_\_ SICK CALL \_\_\_\_\_ QTRS \_\_\_\_\_ SDNCO \_\_\_\_\_ FIELD \_\_\_\_\_

AWOL \_\_\_\_\_ IN/OUT PROCESSING \_\_\_\_\_



**PERSONNEL ASSET INVENTORY  
STATUS**

**UPDATED:**\_\_\_\_\_

<u>RANK</u>	<u>NAME</u>	<u>POA</u>	<u>WILL</u>	<u>DD93</u>	<u>ID TAGS</u>	<u>ID CARD</u>
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**LEGEND:**

**POA: POWER OF ATTORNEY**  
**FCP: FAMILY CARE PLAN**  
**“X”: COMPLETED**  
**“—”: INCOMPLETE**  
**N/A: NOT APPLICABLE**



## PERSONNEL ASSET INVENTORY STATUS

**UPDATED:**\_\_\_\_\_

[illegible]

**LEGEND:**

**POA: POWER OF ATTORNEY**  
**FCP: FAMILY CARE PLAN**  
**“X”: COMPLETED**  
**“—“: INCOMPLETE**  
**N/A: NOT APPLICABLE**



**LEADER'S OFF-POST ADEQUACY  
CHECKLIST**

DATE: \_\_\_\_\_

NAME/RANK/PHONE#	ADDRESS	MONTHLY RENT
# BEDROOMS/# BATHS	LANDLORD'S ADDRESS	DISTANCE TO WORK
DESCRIPTION OF HOME	LANDLORD'S PHONE #	LANDLORD'S NAME

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<b><u>EXTERIOR:</u></b>	<b><u>Y/N</u></b>	<b><u>Y/N</u></b>
Private entrance?.....	Convenient access to roadways?.....	
Located in area free from health & safety hazards?.....	Overall upkeep of exterior acceptable?.....	
On premises parking?....	Acceptable trash facilities?.....	

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<b><u>BEDROOMS:</u></b>	<b><u>Y/N</u></b>
Can you enter each bedroom without going through another bedroom?.....	

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<b><u>INTERIOR:</u></b>	<b><u>Y/N</u></b>	<b><u>Y/N</u></b>
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**KITCHEN**

Private kitchen?.....	Space in kitchen for stove?.....	
Cabinets in kitchen?.....	Hot/cold running potable water?.....	
Refrigerator?.....	Enter kitchen w/o going thru bedroom?.....	

**BATHROOMS**

Private bath?.....	Sanitary facilities/sewage disposal?.....	
Shower/bath tub?.....	Hot/cold running potable water?.....	

**INTERIOR**

Heating system working?.....	Smoke detector present/acceptable?... ..	
Adequate electric service?.....	Ceilings/walls/floors acceptable?.....	

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I have reviewed the above adequacy standards required by the Unit for acceptable occupancy of its soldiers, and certify that this dwelling meets these standards.

\_\_\_\_\_  
Soldier's signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Inspector's signature



## SOLDIER INFORMATION SHEET

Last Name \_\_\_\_\_ First \_\_\_\_\_ MI \_\_\_\_\_ SSN \_\_\_\_\_ Rank \_\_\_\_\_

DOR \_\_\_\_\_ BASD \_\_\_\_\_ ETS \_\_\_\_\_ PMOS \_\_\_\_\_ SMOS \_\_\_\_\_ ASI \_\_\_\_\_

DOB \_\_\_\_\_ Age \_\_\_\_\_ Religion \_\_\_\_\_ Blood Type \_\_\_\_\_

Eyes \_\_\_\_\_ Hair \_\_\_\_\_ Height \_\_\_\_\_ Weight \_\_\_\_\_ Allergies \_\_\_\_\_ Swim \_\_\_\_\_

Security Clearance \_\_\_\_\_ GT score \_\_\_\_\_ BSEP \_\_\_\_\_ Date Assigned \_\_\_\_\_

Civilian education level \_\_\_\_\_ Military education level \_\_\_\_\_

Date of last formal counseling \_\_\_\_\_

### SIZES

BDU hat size \_\_\_\_\_ BDU shirt size \_\_\_\_\_ BDU pant size \_\_\_\_\_ Boot size \_\_\_\_\_

Helmet size \_\_\_\_\_ NBC mask size \_\_\_\_\_ Date fitted \_\_\_\_\_ Inserts (Y/N) \_\_\_\_\_

Blouse size \_\_\_\_\_ Pant size \_\_\_\_\_ Glove size \_\_\_\_\_ Shoe size \_\_\_\_\_

### MANDATORY TRAINING/CLASSES

NBC chamber date \_\_\_\_\_ 4 hours MOPP IV date \_\_\_\_\_ CTT date \_\_\_\_\_

CTT score \_\_\_\_\_ Drown proofing date \_\_\_\_\_ 20k road march date \_\_\_\_\_

Weapon # \_\_\_\_\_ Qualification date \_\_\_\_\_ (circle one) Expert/Sharpshooter/Marksman

Heat injury (Y/N) \_\_\_\_\_ Training date \_\_\_\_\_ Cold injury (Y/N) \_\_\_\_\_ Training

date \_\_\_\_\_ Consideration of Others date \_\_\_\_\_

### APFT

APFT PU # repetitions \_\_\_\_\_ APFT PU score \_\_\_\_\_

APFT SU # repetitions \_\_\_\_\_ APFT SU score \_\_\_\_\_

APFT run time \_\_\_\_\_ APFT run score \_\_\_\_\_



## MILITARY SCHOOLS

PLDC date\_\_\_\_\_ BNCOC date\_\_\_\_\_ ANCOC date\_\_\_\_\_

RANGER date\_\_\_\_\_ Airborne date\_\_\_\_\_ Pathfinder date\_\_\_\_\_

Air assault date\_\_\_\_\_ Cbt. Lifesavers date\_\_\_\_\_ Sapper date\_\_\_\_\_

Military driver's date\_\_\_\_\_ CO2 date\_\_\_\_\_ Master fitness date\_\_\_\_\_

Other\_\_\_\_\_

## MILITARY AWARDS

BS\_\_\_\_\_ PH\_\_\_\_\_ DMSM\_\_\_\_\_ MSM\_\_\_\_\_ JSCM\_\_\_\_\_

ARCM\_\_\_\_\_ JSAM\_\_\_\_\_ AAM\_\_\_\_\_ AGCMDL\_\_\_\_\_ date\_\_\_\_\_

NDSM\_\_\_\_\_ HSM\_\_\_\_\_ SWASM\_\_\_\_\_ OSM\_\_\_\_\_ KLM\_\_\_\_\_

KLM (Saudi)\_\_\_\_\_ NCOES\_\_\_\_\_ Other\_\_\_\_\_

## NEXT of KIN INFO.

HOR\_\_\_\_\_ Name of NOK\_\_\_\_\_

Relationship\_\_\_\_\_ Street address\_\_\_\_\_

City\_\_\_\_\_ State\_\_\_\_\_ Zip code\_\_\_\_\_ Phone( )\_\_\_\_\_

Spouse name\_\_\_\_\_ Children's names\_\_\_\_\_

Street address\_\_\_\_\_ City\_\_\_\_\_

State\_\_\_\_\_ Zip code\_\_\_\_\_ Phone( )\_\_\_\_\_

Remarks\_\_\_\_\_



**POV INFO.**

**Civilian driver's license #** \_\_\_\_\_ **State** \_\_\_\_\_ **Expires** \_\_\_\_\_

**POV make** \_\_\_\_\_ **POV model** \_\_\_\_\_ **Year** \_\_\_\_\_

**Color** \_\_\_\_\_ **License Plate #** \_\_\_\_\_ **State** \_\_\_\_\_

**Military driver's license #** \_\_\_\_\_ **Expires** \_\_\_\_\_

**Equipment licensed for** \_\_\_\_\_

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Each candidate must have a leaders book with them, for review by the board members at the final selection board. The Leaders book must include but is not limited to the following information on their soldiers.

1. Name
2. Rank/ Grade
3. MOS
4. DOR
5. ETS
6. Date eligible for promotion
7. DOB
8. Home of Record
9. Home telephone
10. Local Address
11. Awards
12. Civilian and Military education
13. GT Score
14. APFT (date, score in each event)
15. CTT (date, problem area)
16. Profile
17. POV License number (state, number, expiration)
18. Post decal number
19. Military license (expiration, type vehicles)
20. Auto Insurance (company, expiration date)
21. Defensive Driving Course (date completed, expiration)
22. Family information
23. Date of last formal counseling session